## Clinical Research Institute COPD Medical History Form

Please fill out this form as completely as possible and bring it to your first research study appointment.

Name:		Date:				
DOB:	(mm/dd/yyyy)	Gender:	Male / F	emale		
First onset of COPD symptoms	(MONTH / YEAR) First dia	gnosed with CC	OPD	/DAY /YEAR)		
Number of COPD episodes (requir	ng oral steroids/antibiotics) <b>i</b>	n the past 12 m	onths?			
Date of most recent COPD episod	e (comment if estimated date	e)		_		
Type of treatments received for yo	our most recent COPD epis	sode?				
Oral corticosteroids (Prednisone)	YES NO	(NAME OF DRUG)				
Antibiotics	YES NO	(NAME OF DRUG		_		
Type of daily COPD symptoms:  Cough Increased S		-	ut activity ne awakenings	,		
Bronchitis Phlegm		•				
Current smoker YES / NO						
Ex-smoker YES / NO Yea	ır startedYear Qı	uit				
If quit smoking more than once pl	ease provide those dates a	ilso:				
Year startedYear quit	Year started	Year quit				
Occasional smoker YES / NO	Habitual smoker	YES / NO				
Average number of packs smoked	per day					
Do you have any drug allergies?	No ☐ Yes- please complet	e the following:				
Name of drug:(		-				
Name of drug: (  Have you ever had surgery? N		_	la SHOCK OII	lei		
	res – Date and type	e or surgery				
Have you ever been hospitalized oth	er than for a surgery?	No Ye	s - Date and re	eason		

Please tell us if you currently have or have had a past history of any of the following conditions.

If you answer yes, please circle condition and give dates that the condition started, stopped or if it is continuing.

Headaches (companies of the street of the st	lead/Nose Speech or h		throat? ness)	□ No	□Yes _		
Speech or hea Headaches (companies of Sinus problem nasal polyps, Problems with Emotional:Do you feel nash Do you have to Endocrine: Diagnosed was Do you have to Circulatory: Heart problems with companies of Sastrointestinal: Recern Problems with or bloody stock Recent weight the last 3 mon Ulcers, herniatory: Burning Have you beed disease? If yet Have you had (male), or uring Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with	Speech or he			$\square$ No	□Yes _		
Headaches (companies of the street of the st	·	Head/Nose			□Yes _		
Sinus problem nasal polyps, Problems with Emotional:Do you feel n lonely, sad or Do you have t Endocrine: Diagnosed w Do you have t Circulatory: Heart proble chest pain, irro Respiratory: Lung proble asthma)? Gastrointestinal: Recer Problems with or bloody stoc Recent weigh the last 3 mon Ulcers, hernia Genital/Urinary: Burnir Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		earing problems?		□ No	□Yes _		
Problems with Emotional: Do you feel n lonely, sad or Do you have to Endocrine: Diagnosed we Do you have to Circulatory: Heart problems chest pain, irreduction Respiratory: Lung problems asthma)?  Gastrointestinal: Recerproblems with or bloody stood Recent weight he last 3 more Ulcers, hernia Genital/Urinary: Burnin Have you beed disease? If yellow Have you had (male), or urinduction Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		(cluster, tension, migraines) or ems (allergies, loss of smell,	r seizures?	□No	□Yes _		
Emotional:Do you feel n lonely, sad or Do you have te Endocrine: Diagnosed w Do you have te Circulatory: Heart probles chest pain, irre Respiratory: Lung probles asthma)? Gastrointestinal: Recer Problems with or bloody stock Recent weigh the last 3 mon Ulcers, hernia Genital/Urinary: Burnir Have you beed isease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with	nasal polyps	, sinus infections)?		□ No	□Yes _		
lonely, sad or Do you have to Endocrine: Diagnosed w Do you have to Circulatory: Heart problet chest pain, irre Respiratory: Lung problet asthma)? Gastrointestinal: Recer Problems with or bloody stock Recent weighthe last 3 mon Ulcers, herniate Genital/Urinary: Burnin Have you beed disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with	Problems with vision?			□No	□Yes _		
Do you have to Endocrine: Diagnosed we Do you have to Circulatory: Heart probles chest pain, irro Respiratory: Lung probles asthma)? Gastrointestinal: Recer Problems with or bloody stock Recent weighthe last 3 mon Ulcers, hernia Genital/Urinary: Burning Have you beed disease? If ye Have you had (male), or uring Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with	motional:Do you feel	nervous, angry, suicidal, depr	essed,				
Endocrine: Diagnosed w Do you have to Circulatory: Heart problet chest pain, irre Respiratory: Lung problet asthma)? Gastrointestinal: Recer Problems with or bloody stoct Recent weighthe last 3 mon Ulcers, hernia Genital/Urinary: Burnin Have you beed isease? If yethe you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		or out of control?		□No	□Yes _		
Do you have to Circulatory: Heart probles chest pain, irro chest pain, irro Respiratory: Lung probles asthma)?  Gastrointestinal: Recer Problems with or bloody stood Recent weighthe last 3 mon Ulcers, hernia Genital/Urinary: Burnir Have you beed disease? If yed Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with	Do you have	Do you have trouble sleeping?			□Yes _		
Circulatory: Heart proble chest pain, irro chest pain, ir	Endocrine: Diagnosed with diabetes? When/type			_	□Yes _		
chest pain, irro Respiratory: Lung proble asthma)? Gastrointestinal: Recer Problems with or bloody stoc Recent weigh the last 3 mon Ulcers, hernia Genital/Urinary: Burnir Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with		thyroid disease?		□No	□Yes _		
Respiratory: Lung proble asthma)? Gastrointestinal: Recer Problems with or bloody stock Recent weighthe last 3 mon Ulcers, hernia Genital/Urinary: Burnin Have you beed disease? If yed Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		lems (high blood pressure, pa	alpitations,				
asthma)? Gastrointestinal: Recer Problems with or bloody stood Recent weighthe last 3 mon Ulcers, hernia Genital/Urinary: Burnin Have you beed disease? If yed Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		rregular heart beat)?		□No	□Yes _		
Gastrointestinal: Recer Problems with or bloody stood Recent weigh the last 3 mon Ulcers, hernia Genital/Urinary: Burnin Have you beed disease? If yed Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		olems (bronchitis, pneumonia,	TB,				
Problems with or bloody stood Recent weighthe last 3 mon Ulcers, hernia Genital/Urinary: Burnin Have you beed disease? If yed Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with	,						
or bloody stoc Recent weigh the last 3 mon Ulcers, hernia Genital/Urinary: Burnin Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with		ent problems with eating, drink		□ No	□Yes		
Recent weigh the last 3 mon Ulcers, hernia Genital/Urinary: Burnir Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with		th nausea, vomiting, abdomina	al pain,		- > 4		
the last 3 mon Ulcers, hernia Genital/Urinary: Burnir Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with			_404 100 to	□No	Yes _		
Ulcers, hernia Genital/Urinary: Burnir Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with		ght changes or change in appe	etite within				
Genital/Urinary: Burnir Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with				□NO	⊔Yes _		
Have you bee disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		ias, indigestion, cirrhosis, or h	•	□No	⊔Yes _		
disease? If ye Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with				⊔ No	⊔Yes _		
Have you had (male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with	•	een treated for a sexually trans	smilled	□ Na	□Voo		
(male), or urin Immune: Cancer, blood Mobility: Muscular/joint or difficulty wit Skin: Problems with		ves, wnat nd kidney stones, prostate infe	ection	⊔ INO	⊔res		
Immune: Cancer, blood Mobility: Muscular/joint or difficulty with Skin: Problems with		inary tract (bladder) infection?		□ NI≏	□Voc		
Mobility: Muscular/joint or difficulty with Skin: Problems with	. ,	, ,					
or difficulty with Skin: Problems with	The state of the s	nt (i.e. arthritis) bone/orthoped			⊔ । ୯১		
Skin: Problems with			no bionicilis		⊓Yes		
			nges in		□ 1 C3 _		
Sidi / Hall, Colu	Skin: Problems with your skin (rash, hives, changes in skin/hair, cold sores, eczema)?			□ No	□Yes		
	Skii/Hali, CUI	a 55165, 6626111aj:		⊔ 1 <b>1</b> U	□ 1 G9 _		
<b>Medication</b>	Medication	ist all medications (includin <u>Dose</u>	Reaso	n for 1	<u>ise</u>	Date started	Date stopped
(example) ibuprofen	example) ibuprofen	2-200 mg tabs	tensior	n heada	iche	April 1, 2009	April 2, 2009